REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non-Judicial Election

Name of Candidate Nicker R. Browning Address 162 West Oxford St. Pontoto Ms. 38863 Telephone 6/02-489-5979 Fax Contact Name Office Sought State Senator Political Party Dem. Check here if above is different from previous report TYPE OF REPORT May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)......Mandatory June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).......Runoff Candidates October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)......All Candidates November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).......All Candidates and **Political Committees** Required to terminate reporting Termination Report (Candidate will no longer accept contributions or make campaign obligations expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar **This Period** Itemized + Non-itemized = Year-To-Date 7000.00 Total amount of contributions \$6050.00+\$ Total amount of disbursements \$ 2160.61 +\$ 1967.02 4127 63 Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Michey R. Becumen

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

| Page | 1 | of 6 | |
|------|---|------|--|
| _ | | | |

| Name of Candidate or Committee | Nicker Browning | |
|--------------------------------|----------------------------|--|
| Reporting period Jan, (301 | a through December 31 2010 | |

ITEMIZED DISBURSEMENTS

| A. Full name Leilular South | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|-------------------------------------|---|
| Mailing Address P. D. Boy 519 | 1 125/10 | \$ 165.82 |
| City, State, Zip Code, Mea d ville Ms 39653-0519 | 314110 | \$ 126.96 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. Full name Cellular South | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Bux 5/9 | 31241/0 | \$ 126.94 |
| City, State, Zip Code . Mead Ville Ms. 39653. OSF | 4117110 | \$ 124.43 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name Cellular South | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. D. Box 519 | 5117110 | \$ 186.70 |
| City, State, ZIp Code Med Dilly Ms. 39653-0519 | 611110 | \$ 128.47 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| Collular South | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address PLD - Bux 519 | 812110 | \$ 160.99 |
| City, State, ZIp Gode Mend VILLE MS- 39653-0519 | 8120116 | \$ 156.77 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name Cellular South | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P. O. Box 519 | 1015110 | \$ 234.04 |
| City, State, Zip Code | 10/19/10 | \$ 205.47 |
| 111801 01114 1115 J1657 US/T | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | |
| Purpose of Disbursement (Optional) F. Full name | | Amount of each disbursement this period |
| | Year-to-date Date | Amount of each |
| F. Full name Coe 1/ u lav South | Year-to-date Date (Mo., Day, Year) | Amount of each disbursement this period |

| age | 2 | οf | 6 |
|-----|---|----|----|
| aye | 4 | U | 10 |

| Name of Candidate | or Committee | Nickey | Brown | ning | 1 |
|-------------------|--------------|--------|---------|-------------|------|
| Reporting period | JAN. 1 3 | 2010 | through | December 31 | 2010 |

ITEMIZED DISBURSEMENTS

| A. Full name Wal-Mart | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address | 11/16/10 | \$ 140.78 |
| City, State, Zip Code Point to L Ms. 38863 | 12/28/10 | \$ 99.52 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 240.28 |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | s |
| City, State, Zip Code | | s |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | s |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | s |
| City, State, Zip Code | | s [|
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | s |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | 5 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | s T |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | s [|
| City, State, Zip Code | | s. |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | s [|
| City, State, Zip Code | | s |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

| Name of Candidate or Committee <u>Nickey Brown</u> | Page 3 of 6 |
|--|-------------|
| | |
| Reporting period Jan. 1-2016 through Decem | br 31-2010 |
| ITEMIZED DEC | CIDTO |

| A. Source: □ Corporation ☆ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|------------------------------------|
| Ms Power Electric Power | 21/1/0 | \$ 500.00 |
| P. O. By 4079 | 101/91/0 | \$ 500.00 |
| City, State, Zip Code Gulford Ms. 39502 Name of Employer (Required) | | \$ |
| Ms Power Electric Power | | \$ |
| Electric Power | Aggregate year-to-date | \$ 1000.00 |
| B. Source: □ Corporation ★ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Com Cast Mailing Address | 21110 | \$ 250.00 |
| 120 North Congress Street | | \$ |
| City, State, Zip Code Jackson Ms. 39201 | _'_'_ | \$ |
| Name of Employer (Required) Com Casf | | \$ |
| Occupation (Required) Cable TV | Aggregate year-to-date | \$ 250.00 |
| C. Source: C. Source: C. Corporation □ PAC □ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Centene Management Company | 10119110 | \$ 500.00 |
| Mailing Address | _/_/_ | \$ |
| 1711 Carondelet Ave. #500 City, State, Zip Code Stanton Mo. 63105 | 11 | \$ |
| Centene Mat. Co. | _/_/_ | \$ |
| occupation (Required) Lalth Carl | Aggregate year-to-date | \$ 500.00 |
| D. Source: ☐ Corporation | Date (Mo., Day, Year) | Amount of each receipt this period |
| Grand Trunk Western Railroad Co. | 10119110 | \$ 250.00 |
| 2800 Livernois Suite 300 Po.Rv 5025 | | \$ |
| Trov Michigan 480M 5025 | _'' | \$ |
| Grand Trunk Western Roilroad | ii | \$ |
| Regulation (Required) | Aggregate year-to-date | \$ 250.00 |

| Name of Candidate | e or Committee | Nick | ey Brow | 00104 | |
|-------------------|----------------|------|---------|-------|---------|
| Reporting period | JAN 1 201 | b ; | through | Dec | 31-2010 |

ITEMIZED RECEIPTS

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---|
| Full name | 101/9/10 | \$ 500.00 |
| Motorala | 102 1 11 1 100 | * 1200.vo |
| Mailing Address | | \$ |
| P.O. By 68429 | | |
| City, State, Zip Code | | \$ |
| Schaumbing Illinois 60168 | 1 1 1 1 | 7 |
| Name of Employer (Required) | | ¢ |
| Motorala | | \$ |
| Occupation (Required) | Aggregate | \$ 500.00 |
| | year-to-date | 1 300.00 |
| B. Source: Corporation 🔀 PAC 🗀 Individual 🗀 Loan 🗀 | Date | Amount of each |
| Other (alegae anglify) | (Mo., Day, Year) | receipt |
| Other (please specify) | American International | this period |
| Full name | 1 1 18 1 10 | \$ 500.00 |
| At + T Mississippi Political Actum Dann. | 1 43 / 10 | ¥ 1500.50 |
| Mailing Address | | e [|
| 175 E Canital St | | \$ |
| City, State, Zip Code | | |
| JACKSON MS. 39201 | | \$ |
| Name of Employer (Required) | | |
| AT4T | | \$ |
| Occupation (Required) | Aggregate | |
| Telephone service | year-to-date | \$ 500.00 |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | |
| Full name. | 111 110110 | @ 47A A A A |
| American Council of Engineer | 11/8/10 | \$ 200.00 |
| American Council of Engineer Mailing Address | VI_1/18110 | |
| American Council of Engineer Mailing Address | VI_1\IS1\to | \$ 200.00 |
| American Council of Engineer | | \$ [|
| Hmerican Council of Engineer Mailing Address 3900 Lakeland Drive City, State, Zip Code | | |
| Hmerican Council of Engineer Mailing Address 3900 Lakeland Drive City, State, Zip Code | | s [|
| American Council of Engineer Mailing Address 3900 Lakeland Drive City, State, Zip Code Flowood Ms. 39232 Name of Employer (Required) | | \$ [|
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Flowood Ms. 39232 Name of Employer (Required) Occupation (Required) | VI_1 S Vo □ □ □ □ □ □ Aggregate | \$ s s |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Flowood Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer | | \$ [|
| Mailing Address 3400 Lakeland Drive City, State, Zip Code Flow ond Ms. 34232 Name of Employer (Required) Occupation (Required) Engineer D. Source: X Corporation PAC Individual Loan Other (please specify) | | \$ s s |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Flowood Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: X Corporation PAC Individual Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Mailing Address 3400 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: X Corporation PAC Individual Loan Other (please specify) Full name. Havana America | Aggregate year-to-date Date | \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Mailing Address 3400 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: X Corporation PAC Individual Loan Other (please specify) Full name Havance America | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\lambda \text{200.00} \] Amount of each receipt this period \$ \[\mathcal{FOO.00} \text{.00} \] |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Enginess D. Source: Corporation PAC Individual Loan Other (please specify) Full name Havance America Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Havance America Mailing Address 135 N. Church St. City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\lambda \text{200.00} \] Amount of each receipt this period \$ \[\frac{\finc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac} |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: To Corporation PAC Individual Loan Other (please specify) Full name Havana America Mailing Address 135 N. Church St. City, State, Zip Code Spartan burg 5. C. 29306 | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\frac{1}{200.00} \] Amount of each receipt this period \[\frac{1}{200.00} \] |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: To Corporation PAC Individual Loan Other (please specify) Full name Havana Hmerica Mailing Address 135 N. Church St. City, State, Zip Code Spartan burg 5.6 29306 Name of Employer (Required) | Aggregate year-to-date (Mo., Day, Year) | \$ \[\lambda \text{\$ \color \color \color \text{\$ \color \color \color \text{\$ \color \text{\$ \color \color \color \color \color \color \color \color |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: To Corporation PAC Individual Loan Other (please specify) Full name Havana Harrica Mailing Address 135 N. Church St. City, State, Zip Code Spartan burg 5.6 29306 Name of Employer (Required) Advance America | Aggregate year-to-date Date (Mo., Day, Year) /////////////////////////////////// | \$ \[\lambda \text{200.00} \] Amount of each receipt this period \$ \[\frac{\finc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac} |
| Mailing Address 3900 Lakeland Drive City, State, Zip Code Floward Ms. 39232 Name of Employer (Required) Occupation (Required) Engineer D. Source: To Corporation PAC Individual Loan Other (please specify) Full name Havana Hmerica Mailing Address 135 N. Church St. City, State, Zip Code Spartan burg 5.6 29306 Name of Employer (Required) | Aggregate year-to-date (Mo., Day, Year) | \$ \[\lambda \text{\$ \color \color \color \text{\$ \color \color \color \text{\$ \color \text{\$ \color \color \color \color \color \color \color \color |

| Name of Candidate or Committee Nickey Browning | |
|---|--|
| Reporting period Jan 1 2010 through Dec 31 2016 | |

ITEMIZED RECEIPTS

| A. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt |
|--|---|--|
| Other (please specify) | | this period |
| Georgia - Pocific | 12130110 | \$ 500.00 |
| Malling Address | | |
| | | \$ |
| City, State, Zip Code | - | |
| | | \$ |
| Phoenix Az 85082-1276 | | A ARRAMAN Add to 1 1 . to |
| Name of Employer (Required) | | \$ |
| Occupation (Reduired) | | The state of the s |
| | Aggregate | \$ 500.00 |
| Forestry | year-to-date | |
| B. Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| | | trus period |
| Full name | 11/8/10 | \$ 200.00 |
| Electric Power Ass. | | 1 00000 |
| Mailing Address | | \$ [|
| P.O Box 3300 | | V |
| City, State, Zip Code | | |
| Ridgeland Ms. 39158 | | \$ |
| Name of Employer (Required) | | |
| Eletric Power Ass | | \$ |
| Occupation (Required) | Aggregate | |
| Electnisty | year-to-date | \$ 200,00 |
| C. Source Corporation PAC Individual Loan | 7000 | A |
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt |
| | 1211-121-21-24 (011100) | this period |
| | | |
| Full name | | \$ 750.00 |
| Full name BNSF Railway Q: Mailing Address | | \$ 750.00 |
| BNSF Railway Q: | | |
| Full name BNSF Railway Q: Mailing Address | | \$ 750.00 |
| Full name BNSF Railway O: Mailing Address 2500 Lou Men K Drive HOB-3 City, State, Zip Code | | \$ 750.00 |
| Full name BNSF Railway a: Mailing Address 2500 Lou Menk Drive AOB-3 City, State, Zip Code Fort Worth Tx 76/3/ | | \$ \[\alpha 50.00 \] \$ \[\] |
| Full name BNSF Railway as: Mailing Address A500 Lou Menk Drive A0B-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Reguired) | | \$ 750.00 |
| Full name BNSF Railway as. Mailing Address 2500 Lou Menk Drive AOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Regulred) BNSF BOULWRY Co- | | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] |
| Full name BNSF Railway as: Mailing Address 2500 Lou Menk Drive AOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Reguired) BNSF Pacificacy Co. Occupation (Reguired) | | \$ \[\alpha 50.00 \] \$ \[\] |
| Full name BNSF Railway B. Mailing Address 2500 Lou Menk Drive AOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Regulred) BNSF Bailway Co- Occupation (Required) Kall toad | | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] \$ \[\] |
| Full name BNSF Railway Qo. Mailing Address 2500 Low Men K Drive HOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF BOULWEY Co. Occupation (Required) Kallword | | \$ 250.00 \$ \$ \$ \$ Amount of each |
| Full name BNSF Railway B. Mailing Address 2500 Lou Menk Drive AOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Regulred) BNSF Bailway Co- Occupation (Required) Kall toad | | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] \$ \[\] |
| Full name BNSF Railway B. Mailing Address 2500 Low Men K Drive HOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Regulred) BNSF Bailway Co Occupation (Required) Kallwad D. Source: Corporation PAC Individual Loan | | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period |
| Full name BNSF Railway Co. Mailing Address 2500 Lou Men K Drive HOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Pacificacy Co. Occupation (Required) Kailwad D. Source: Corporation PAC Individual Loan Other (please specify) | | \$ 250.00 \$ \$ \$ \$ Amount of each receipt |
| Full name BNSF Railway Co. Mailing Address 2500 Lou Men K Drive HOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Pacificacy Co. Occupation (Required) Kailwad D. Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] |
| Full name BNSF Railway as. Mailing Address 2500 Low Men K Drive HOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Railway Co Occupation (Required) Kailwad D. Source: Corporation PAC Individual Loan Other (please specify) | | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period |
| Full name BNSF Railway as. Mailing Address 2500 Low Men K Drive HOB-3 City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Railway Co Occupation (Required) Kailwad D. Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] \$ \[\] |
| Full name BNSF Ray way as. Mailing Address City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Ray way Co Occupation (Required) Comparison (Required) Comparison (Required) Other (please specify) Full name Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] |
| Full name BNSF Ray way as. Mailing Address City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Ray way Co Occupation (Required) Comparison (Required) Comparison (Required) Other (please specify) Full name Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] |
| Full name BNSF Ray way as: Mailing Address City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Ray way Co Occupation (Required) Cother (please specify) Full name Mailing Address City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] \$ \[\] |
| Full name BNSF Ray way as: Mailing Address City, State, Zip Code Fort Worth Tx 76/3/ Name of Employer (Required) BNSF Ray way Co Occupation (Required) Cother (please specify) Full name Mailing Address City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$ \[\alpha 50.00 \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] |

| Name of Candidate | e or Comi | nittee 🛚 | Nick | Ley B | rown | ing | |
|-------------------|-----------|----------|------|---------|------|-----|------|
| Reporting period | JAn. | 1 20 | از ه | through | Die. | 31 | 2010 |

ITEMIZED RECEIPTS

| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
|---|---------------------------|------------------------------------|--|
| Full name | 1/1/8/1/1 | \$ 200,00 | |
| Mailing Address P. O. Bux 39 | | \$ | |
| City, State, Zip Code Dlive Branch Ms. 38654 | | \$ | |
| Name of Employer (Required) State Farm | | \$ | |
| Occupation (Required) | Aggregate year-to-date | \$ 200.00 | |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name | 1216110 | \$ 200.00 | |
| Cellular South | | arc | |
| 1018 High land Colony Parkway Suite 330 | | \$ | |
| City, State, Zip Code Radge land M3 | | \$ | |
| Name of Employer (Required) | | \$ | |
| Occupation (Required) | Aggregate | \$ 200.00 | |
| Cell Phone | year-to-date | | |
| C. Source Corporation PAC Individual Loan C | Date (Mo., Day, Year) | Amount of each receipt this period | |
| BAn Coup South | 1216 H/D | \$ 500.00 | |
| Mailing Address P. D. Bot 789 | | \$ | |
| City, State, Zip Code | | \$ [| |
| Type Lo Ms - 38802 - 0789 Name of Employer (Required) | | \$ | |
| BANCOUD South | L / S / S | | |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 | |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name | 1216110 | \$ 500.00 | |
| Len Pac | | V 1 3 80.100 | |
| Mailing Address 3 LAKE lane Cr. Stc. 201 | | \$ | |
| City, State, Zip Code JACKSON MS 39216 | | \$ | |
| Name of Employer (Required) | | \$ | |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 | |